

## PROGRESS SHEET

|   |                                   | X GROUND WATER               |               |                            |               |                       |   |              |  |
|---|-----------------------------------|------------------------------|---------------|----------------------------|---------------|-----------------------|---|--------------|--|
| NAME Larry & Carmen Trump               |                                   |                              |               | TELEPHONE NO. 509-382-3130 |               |                       |   |              |  |
| ADDRESS<br>116 Wolf Fork Road           |                                   |                              | CITY          |                            | TATE<br>WA    | ZIP C0                | DDE<br>28-8762                          |              |  |
| ASSIGNED TO                             |                                   | TELEPHONE NO.                | Daytor        | 1                          | DATE AS       |                       | 20-0702                                 |              |  |
| ADDRESS                                 |                                   |                              | CITY          | S                          | TATE          | ZIP CO                | ODE                                     |              |  |
| APPLICATION NO                          |                                   | T DEDIVITATO                 |               | CED TYPE C                 | TEL MO        |                       |   |              |  |
| APPLICATION NO. G3-30388 4153126        |                                   | PERMIT NO.                   |               | CERTIFICATE NO.            |               |                       |   |              |  |
| DATE AMENDED                            |                                   | DATE CANCELLED               |               | W.R.I.A. 32                |               |                       |   |              |  |
|   |                                   |                              | APPLICATION   |                            |               |                       |   |              |  |
| DATE APPLICATION RECEIVED June 12, 2003 |                                   | INITIAL \$10.00 FE           |               | June 12, 2003              |               |                       |   |              |  |
| STATEMENT OF ADDITIONAL                 |                                   | X YES DATE SENT              | NO            | DATE RECEIVED              |               |                       |   |              |  |
| EXAMINATION FEE \$                      |                                   | DATE SENT                    |               | DATE RECEIVED              |               |                       |   |              |  |
| DATE RETURNED FOR COMPLE                | TION OR CORRECT                   | TON                          |               | DATE RECEIV                | ED            |                       |   |              |  |
|   |                                   | TEM                          | IPORARY PEF   |                            |               |                       |   |              |  |
| APPROVED BY                             |                                   |                              |               | DATE ISSUED                |               |                       |   |              |  |
| Union Bulletin or The                   | Waitsburg Tir                     | nes                          | UBLICATION    |                            |               |                       |   | 5            |  |
| APPROVED BY                             |                                   | DATE APPROVED                |               | DATE NOTICE SENT           |               |                       |   |              |  |
| PROTESTED BY & DATE                     |                                   |                              |               |                            |               |                       |   | i a a a      |  |
| DATE AFFIDAVIT RECEIVED                 | CHECKED BY                        | TIME EXPIRED                 | DATE AMEN     | DED NOTICE SEN             | NT DATE A     | FFIDAVIT              | RECEIVED                                | TIME EXPIRED |  |
|   |                                   | DEPARTMENT                   | COFFISH & C   | AME REPORT                 |               | -                     |   |              |  |
| APPROVED                                |                                   | PROVISO                      | or rish & o   | AME REI ORI                | PROTES        | Т                     |   |              |  |
|   |                                   |                              | EXAMINATIO    |                            |               |                       | 320000000000000000000000000000000000000 |              |  |
| DATE EXAMINATION MADE MADE BY           |                                   | DATE REPORT OF EXAM. WRITTEN |               |                            | WRITTE        | WRITTEN BY CHECKED BY |   |              |  |
| DATE PERMIT FEE REQUESTED               | AMOUNT DUE                        |                              |               | DATE R                     | DATE RECEIVED |                       |   |              |  |
|   |                                   |                              | PERMIT        |                            |               |                       |   | * 4.7        |  |
| PERMIT APPROVED BY DATE APPROVED        |                                   | PERMIT NO.                   |               |                            |               | DATE ISSUED           |   |              |  |
|   |                                   | BEGINNIN                     | NG OF CONST   | RUCTION                    |               |                       |   |              |  |
| DATE NOTICE SENT                        | DATE FILED                        |                              | EXTENSION FEE |                            |               |                       |   |              |  |
| EXTENDED TO                             | EXTENDED TO                       |                              |               |                            |               |                       |   |              |  |
|   | V                                 | VELL DRILLER'S A             |               |                            | ORT           |                       |   |              |  |
| DATE SENT                               |                                   |                              |               | FILED                      |               |                       | - P - W. L                              |              |  |
| DATE NOTICE SENT                        | DATE FILED                        | ON OF CONS                   | TRUCTION      | EXTENSION FEE              |               |                       |   |              |  |
| EXTENDED TO                             |                                   |                              | EXTE          | NDED TO                    |               |                       |   |              |  |
|   |                                   |                              |               |                            |               |                       |   |              |  |
| DATE SENT DATE FILED                    |                                   | PROOF OF APPROPR EXTE        |               | NSION FEE                  |               | EXTENDED TO           |   |              |  |
| DATE CERT. FEE REQUESTED AMOUN          |                                   | DUE DATE RECEIVED            |               | DATE APPROV                | ED FOR CER    | FOR CERTIFICATE   API |   | PROVED BY    |  |
|   |                                   |                              | DAILE C       | N.                         | -             |                       |   |              |  |
| PROOF EXAM REQUIRED                     | CERTIFICATION  CERTIFICATE NUMBER |                              |               | DATE IS                    | DATE ISSUED   |                       |   |              |  |
| ☐ YES ☐ NO                              |                                   |                              |               | CC                         | CC            |                       |   |              |  |

Walla Walla River Basin